CALIFORNIA
Department of Mental Health

Child and Youth
Performance Outcome System

20th Annual CMHACY Conference
Monterey, California
June 1, 2000

Workshop Overview

- Why Performance Outcomes?

- History of Performance Outcomes

- Children's Performance Outcome System:

  – Instruments

    - Child and Adolescent Functional Assessment Scale (CAFAS)

    - Child Behavior Check List

    - Youth Self-Report

    - Client Satisfaction Questionnaire

    - Client Living Environments Profile

Workshop Overview (continued)

- The California State Department of Mental Health Uses Outcomes

- Sacramento County Mental Health Uses Outcomes

- Issues and Problems Identified with the Current Methodology
  - Statewide Survey on the Existing Children's Performance Outcome System
  - Children's Task Force for Selecting New Instruments

- The Future of Children's Services Outcomes

Why Performance Outcomes?

- National trends toward more accountability

- Competition for scarce resources

- Realignment legislation (1991)
  - Provided stable funding source based on sales tax revenue
  - Provided increased flexibility and local control of funds
  - Required counties to report performance outcomes
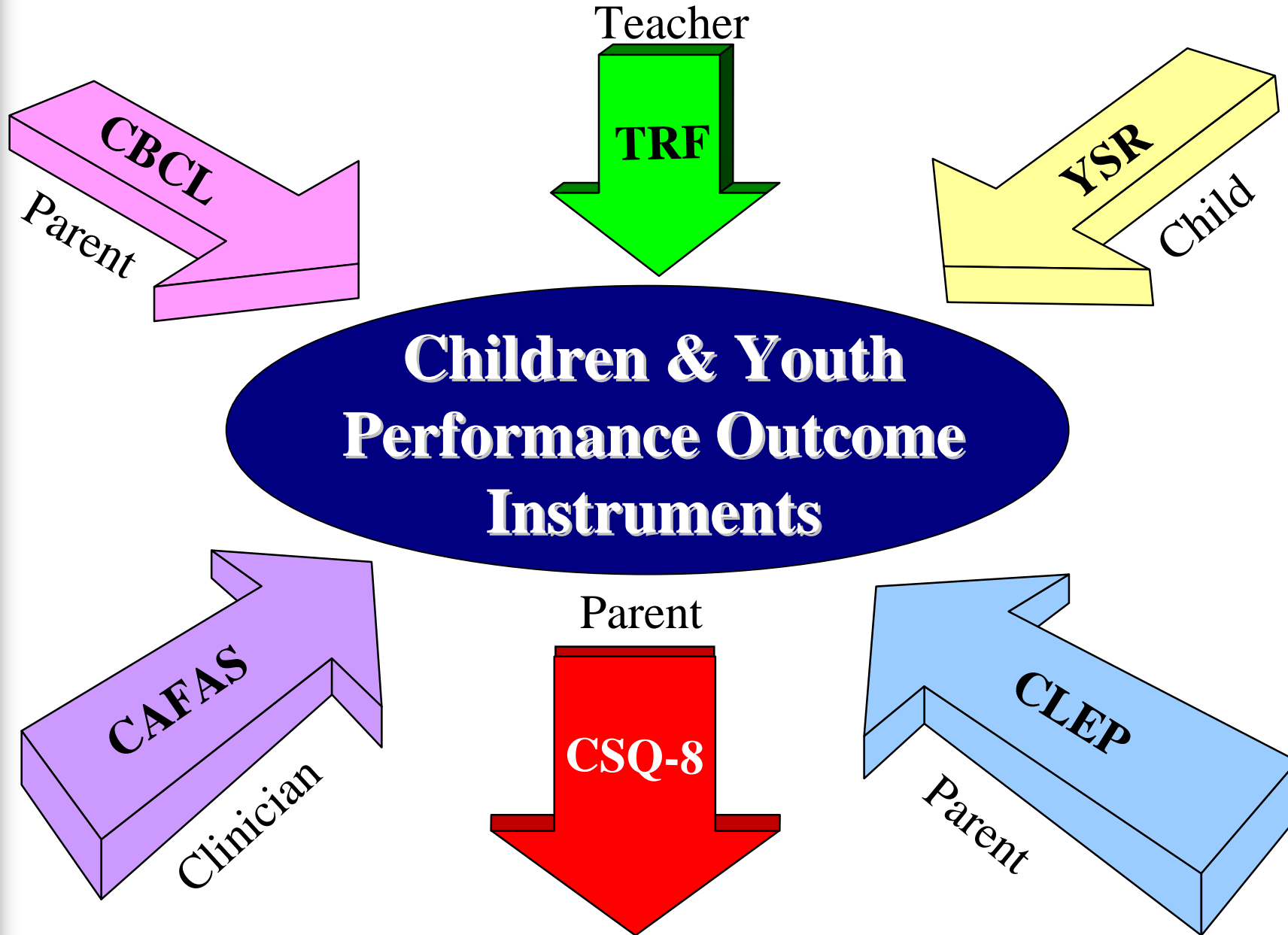
History of Performance Outcomes in California… It's harder than it sounds!

- Research Approach

- Practical Approach

- Further Refinements
  We're learning together!

Overview of the Instruments

Teacher

CBCL

Parent

TRF

YSR

Child

Children & Youth Performance Outcome Instruments

CAFAS

Clinician

Parent

CSQ-8

CLEP

Parent

Target Population

Seriously emotionally impaired children who receive services for extended periods of time and who may require services through multiple agencies.
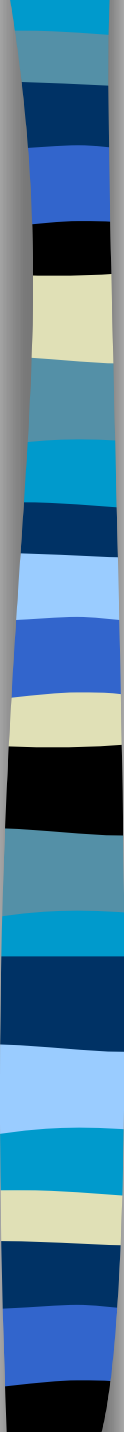
Schedule of Instrument Administration

- Each of the Children's Performance Outcome instruments is to be administered to each target population client at:
  - Intake

    (with the exception of the CSQ-8 which is not administered on intake)

  - Annually
  - Discharge

The State of California Uses Outcomes To See If Services are Helping Children to Get Better!

Changes in Client Functioning Across the State (Moods and Emotions)

- In all functional domains measured by the CAFAS, there were statistically significant changes over time.

- There is a definite trend toward clients improving in this functional domain over the time they receive services from the Public Mental Health System.

Groupwise Comparison

Categories: Minimal/None, Mild, Moderate, Severe

Legend:
- Intake/First
- Periodic
- Discharge
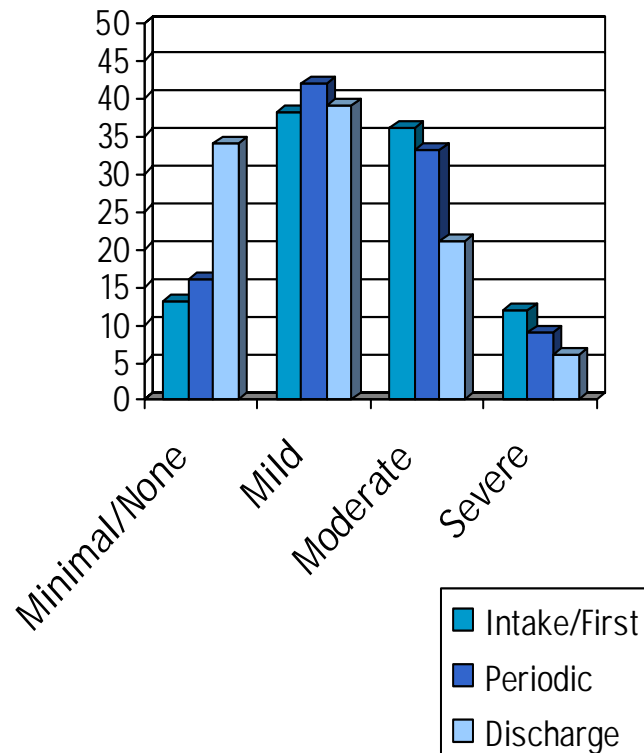
Changes in Client Functioning Across the State (Self-Harmful Behavior)

- Although self-harmful behaviors are not a major area of impairment for most clients, those clients who do exhibit such behaviors show a trend toward improvement over time.
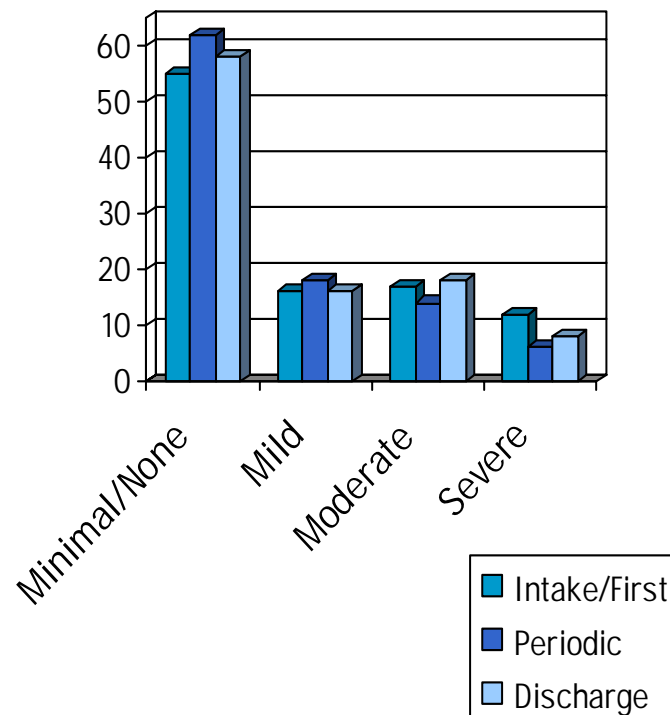
Groupwise Comparison
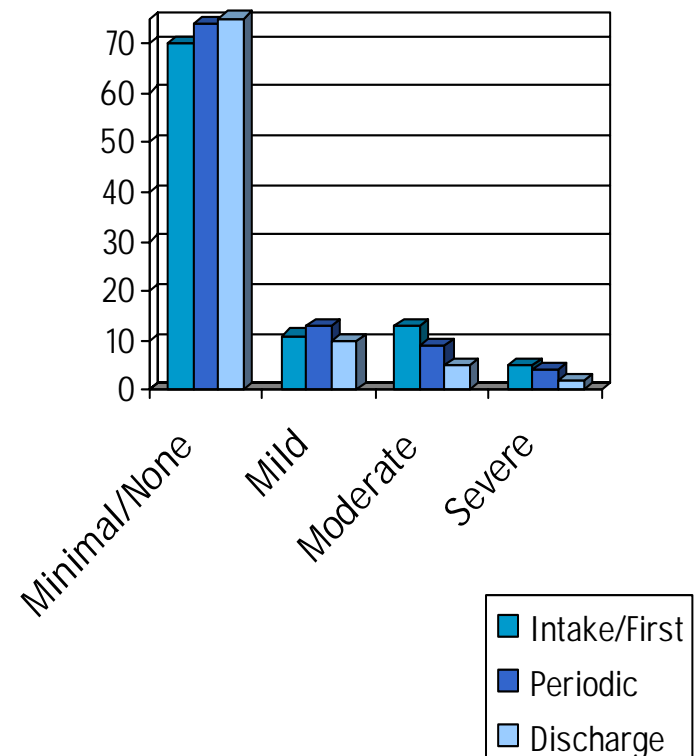
Changes in Client Functioning Across the State (Community Functioning)

- The majority of clients are not experiencing significant problems in the community setting.

- Although the trend is much less equivocal, there is some tendency for clients experiencing such impairments in this area to see reductions over time.

- It is interesting to note that those with mild to moderate impairments saw very little change.
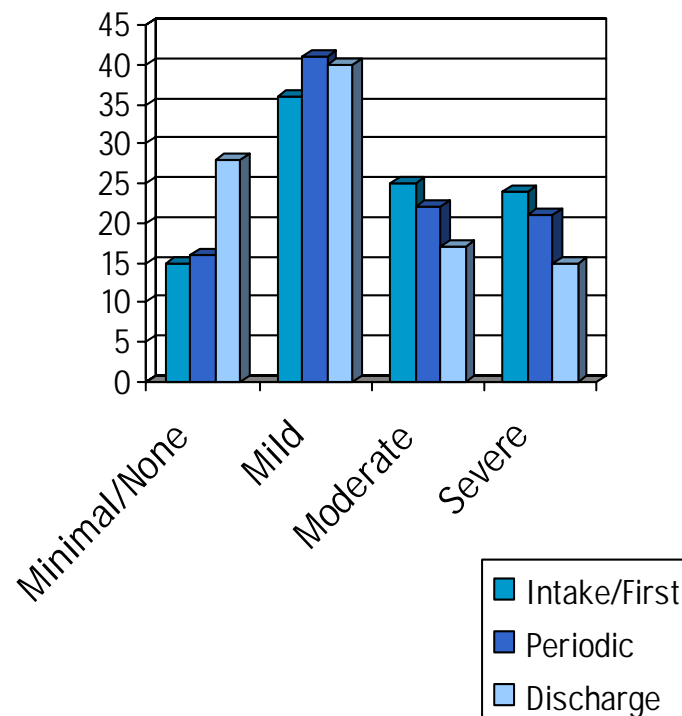
Groupwise Comparison

Changes in Client Functioning Across the State (Functioning in the Home)

- The majority of clients, appear to be experiencing difficulties in functioning in the home setting.

- There is a strong trend toward clients experiencing less impairments in their home settings during the time they receive services from the public mental health system.

Groupwise Comparison

Legend:
- Intake/First
- Periodic
- Discharge

Categories: Minimal/None, Mild, Moderate, Severe

Changes in Client Functioning Across the State (School/Work Functioning)

- The majority of child and adolescent clients experience impairments in functioning in the school environment.

- Over the period they received services from the Public Mental Health System, clients exhibited lower impairment levels related to school behavior.

Groupwise Comparison
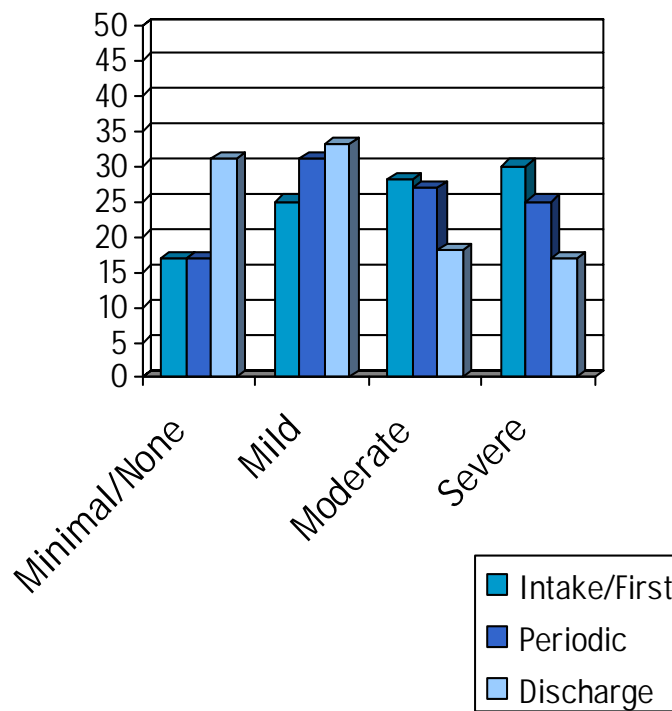
Changes in Client Functioning Across the State (Thought Problems)

- Few of the impairments that clinicians report appear to be related to thought problems. This is likely due to the way the CAFAS operationalizes them.

- Clients reported to have thought problem related impairments seem to be improving during the time they receive treatment from California's Public Mental Health System.

Groupwise Comparison

Legend:
- Intake/First
- Periodic
- Discharge
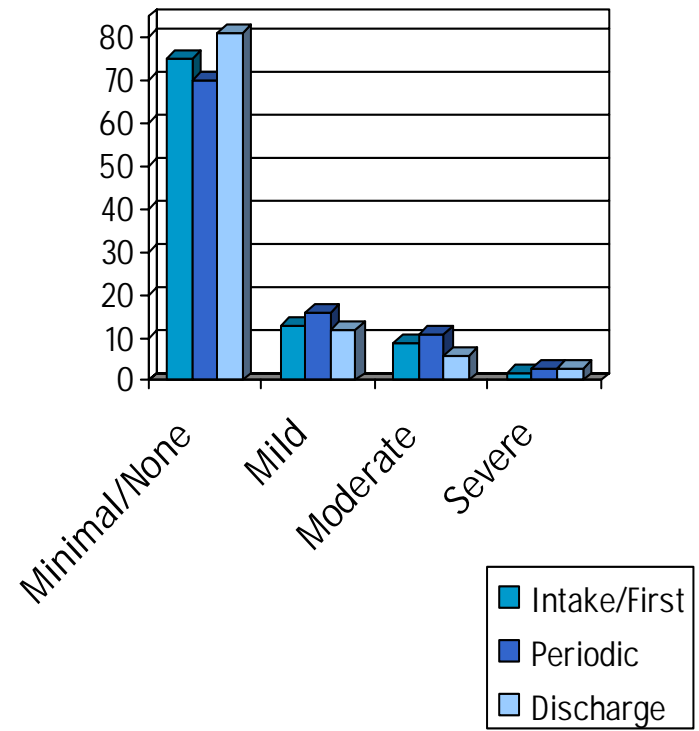
Changes in Client Functioning Across the State (Behavior Toward Others)

- The majority of child and adolescent clients experience impairments related to their behavior toward others.

- Over the period they received services, clients are improving in their functioning in this area and exhibit lower impairment levels related to this domain.
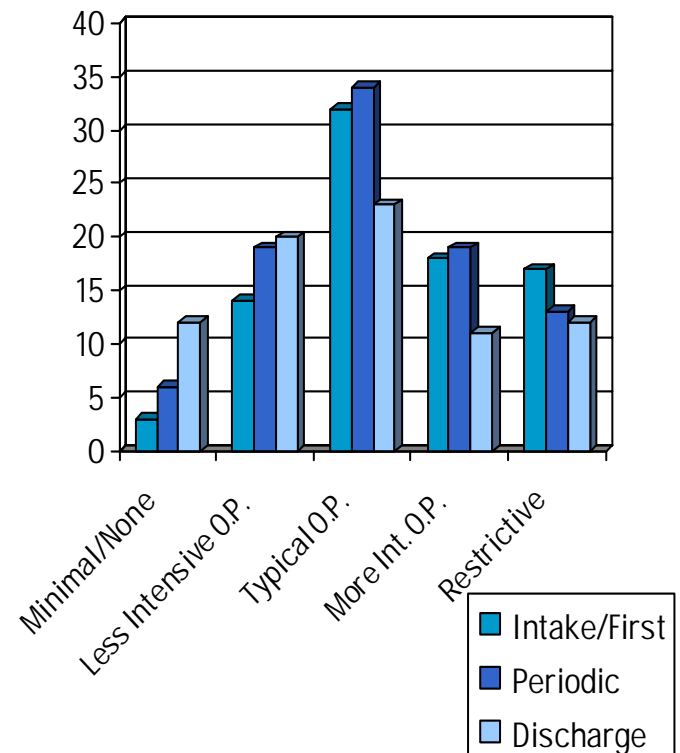
Groupwise Comparison

Legend:
- Intake/First
- Periodic
- Discharge
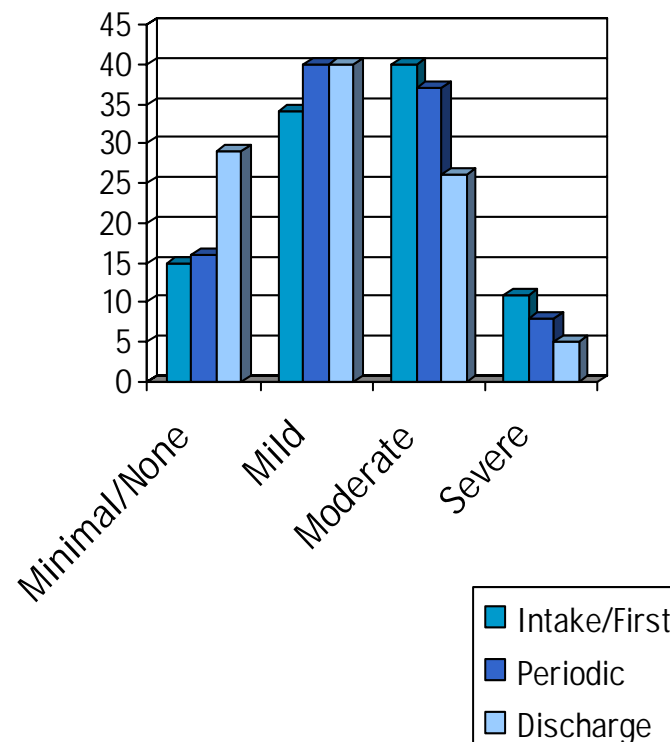
Changes in Client Functioning Across the State (Predicted Service Utilization)

- Total CAFAS scores have been shown to predict service utilization 6 to 12 months in the future.

- Over the time that clients receive services, the level of those services is predicted to decrease.

- It appears that child and adolescent clients require less intensive services after exposure to the Public Mental Health System.

Groupwise Comparison

Legend:
- Intake/First
- Periodic
- Discharge

Categories: Minimal/None, Less Intensive O.P., Typical I.O.P., More Int. O.P., Restrictive

Functioning from the Parent and Child Perspective

- Using the Child Behavior Checklist (CBCL) and Youth Self Report (YSR) parent and child scores can be compared.

- Scores of 60 to 63 are borderline clinical. Over 63 is considered clinical.

- In general, there is a trend toward improvement in the level of problem behaviors identified by parents and children.

Total Problem Scores
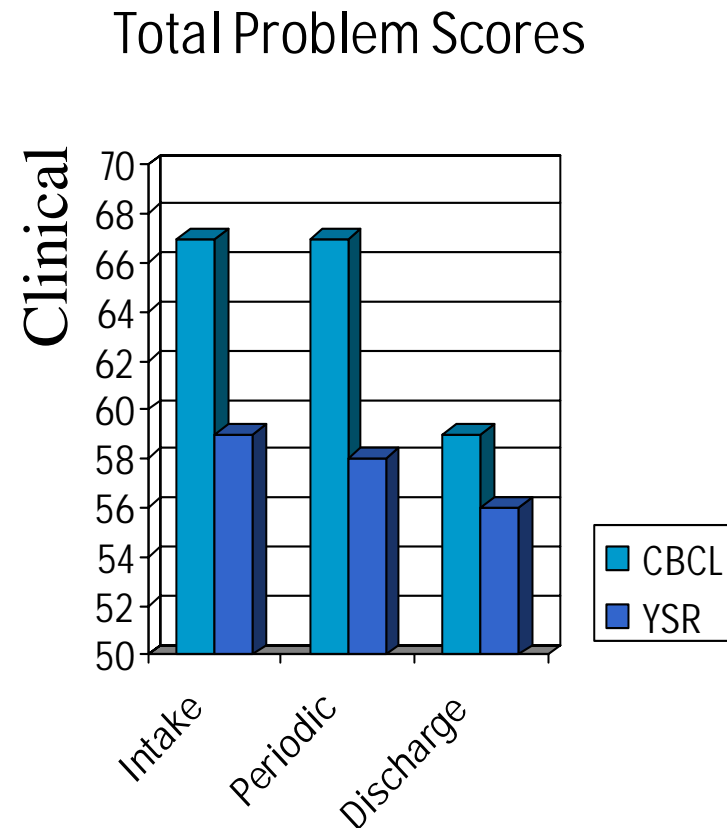
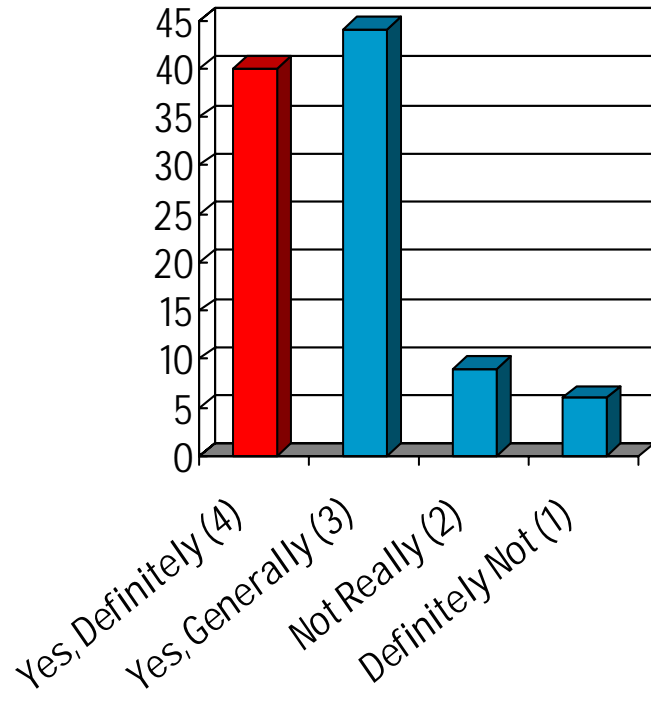# Parent Satisfaction (1998)

Percent Selecting Each Rating
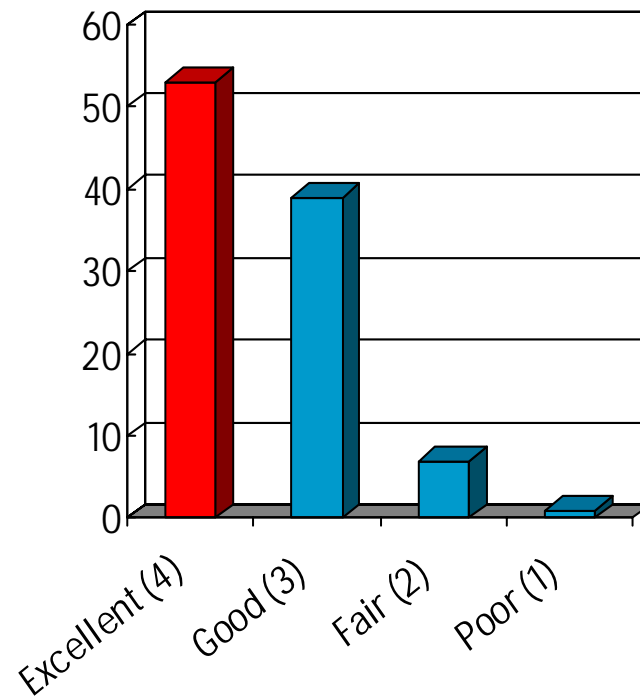
- How would you rate the quality of service you received?
  – Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: White (3.46) *higher* than Spanish/ Hispanic (3.41)

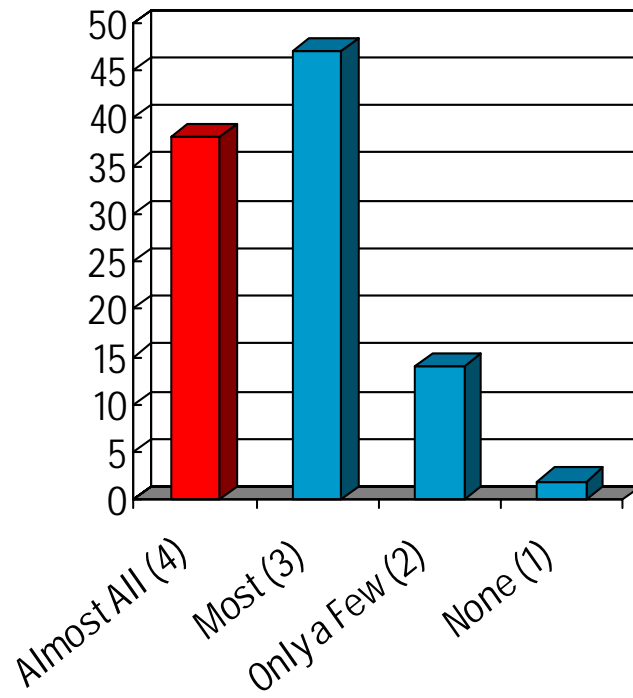# Parent Satisfaction (1998)

Percent Selecting Each Rating

- ■ Did you get the kind of service you wanted?
  - – Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: Filipino (3.52) *higher* than Native American (3.07), African American (3.11), White (3.20) and "Other" (3.27). White (3.20) *higher* than Spanish/Hispanic (3.14)

Parent Satisfaction (1998)

Percent Selecting Each Rating

- To what extent has our program met your needs?
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: White (3.22) *higher* than African American (3.11)

Parent Satisfaction (1998)

Percent Selecting Each Rating
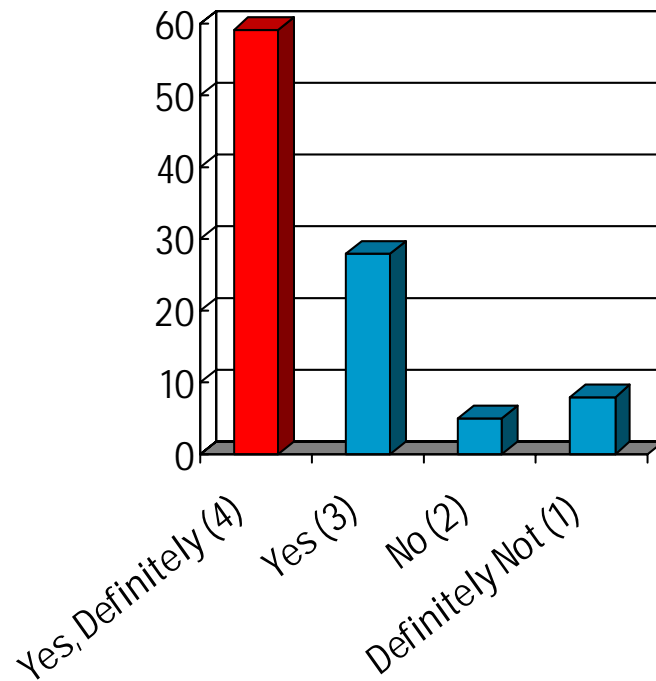
- If a friend were in need of similar help, would you recommend our program to him or her?
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: White (3.38) *higher* than Spanish/ Hispanic (3.28) and African American (3.27)

Parent Satisfaction (1998)

Percent Selecting Each Rating
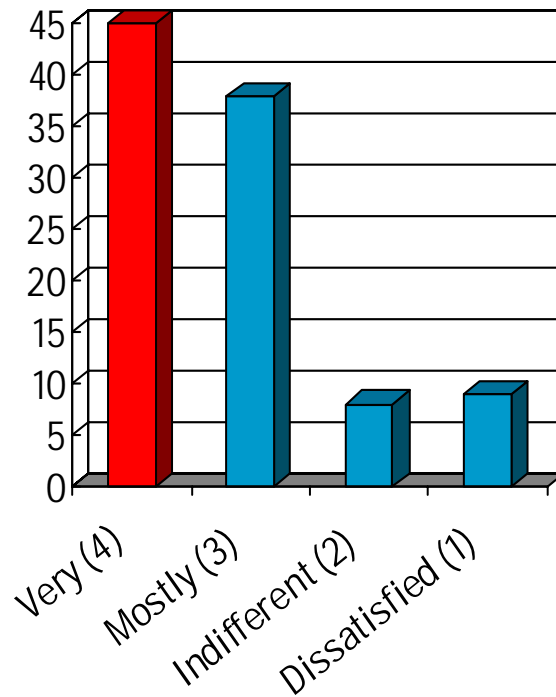
- **How satisfied were you with the amount of help you received?**
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: None

Parent Satisfaction (1998)

Percent Selecting Each Rating

- Have the services you received helped you to deal more effectively with your problems?
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: None

Parent Satisfaction (1998)

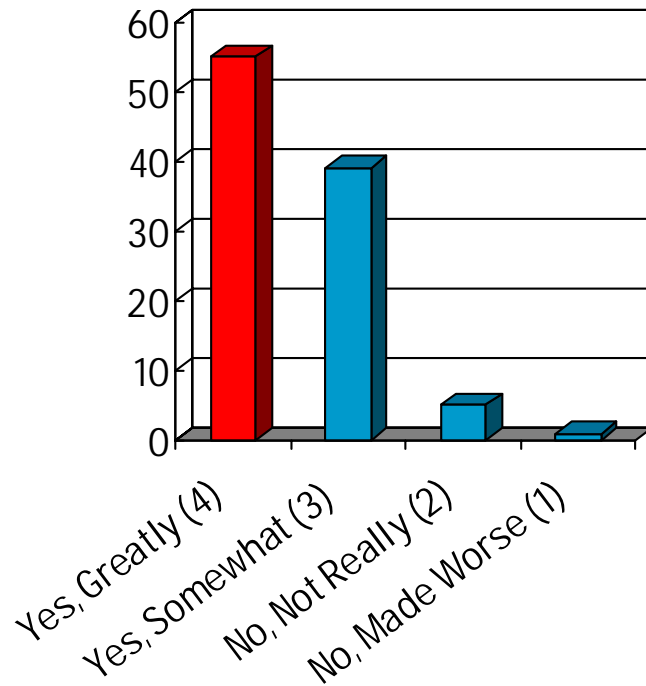Percent Selecting Each Rating
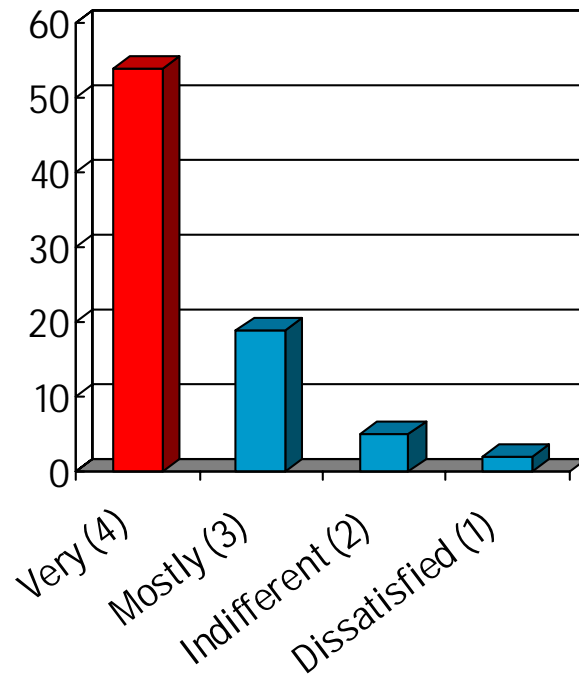
- In an overall, general sense, how satisfied are you with the service you have received?
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: None

Parent Satisfaction (1998)

Percent Selecting Each Rating
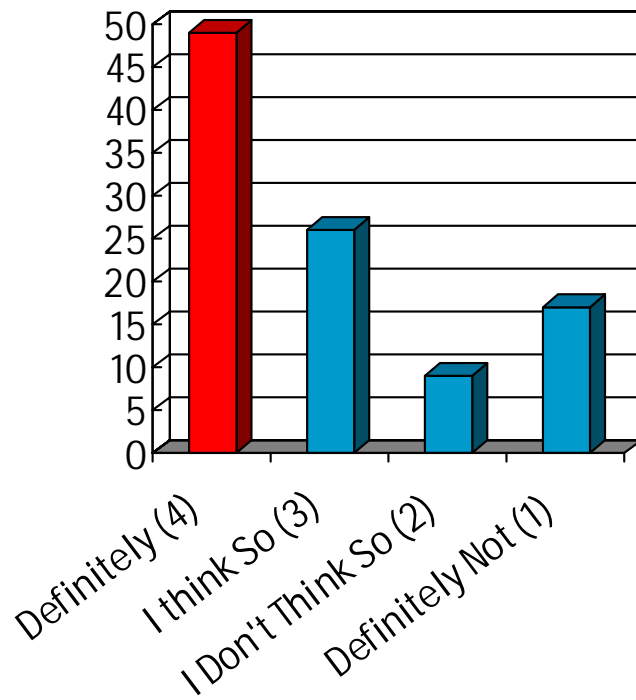
- **If you were to seek help again, would you come back to our program?**
  - Statistically Significant Differences between ethnic and gender groups:
    - Gender: None
    - Ethnicity: White (2.89) *lower* than African American (3.27), Spanish/Hispanic (3.27), Asian/Pacific Islander (3.43), "Other" (3.50), Southeast Asian (3.54) and Filipino (3.60)

Sacramento County:
How We've Used Outcomes and Projections for the Future

Presented by:

Carmen Stitt, M.S.

Performance Outcome Evaluator

Sacramento County

Division of Mental Health

Sacramento County's Performance Outcome Experience

- Seated in Quality Management
  - Five full-time staff devoted to Performances Outcomes (2 Planners and 3 Data Entry staff)

QUALITY MANAGEMENT

Cultural Competence
- Minorities Coordinator
- Program Specialist
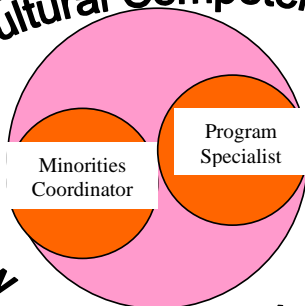
Member & Provider Services
- Grievances
- Appeals
- Certification
- State Fair Hearings
- Credentialing
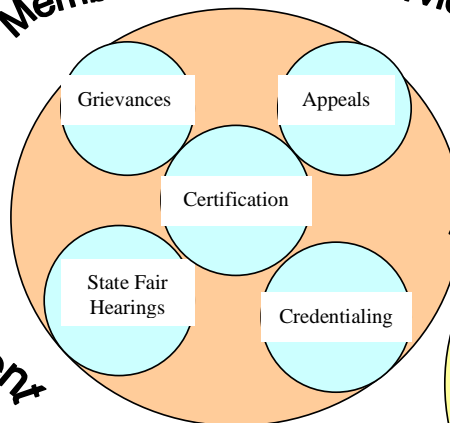
Mental Health Treatment Center
- Safety
- Peer Review
- Critical Incidents
- UR
- Med. Monitoring
- Patient Satisfaction

Utilization Review
- Chart Reviews
- Critical Incident Reviews
- Focused Program Reviews

Staff Development
- SOC
- Outpatient
- Inpatient
- Professional

Performance Outcomes
- ADULT P.O.
- CHILD P.O.
- CALWORKS P.O.
- OLDER ADULT P.O. PILOT PROJECT

QIC
- All Sub-Committee
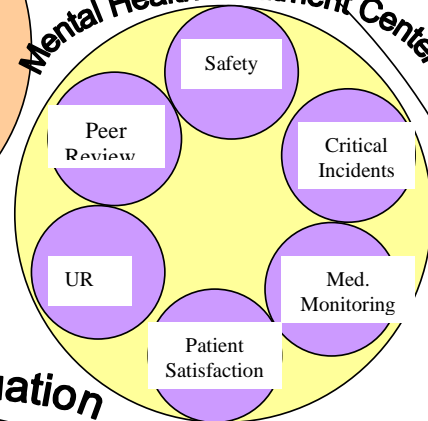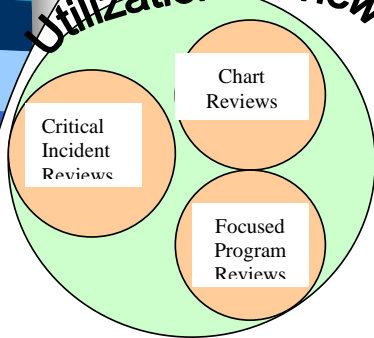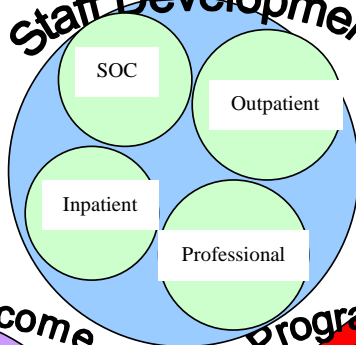
Research & Evaluation

Program Evaluation
- GUEST HOUSE
- A.F.T.E.R.
- AGENCY CONSULTS
- RST INTENSIVE SERVICES
- COUNTY ISA
- 1667

Special Projects
- NO SHOW
- PATH
- PROJECT REDIRECTION
- AB 34
- FAMILY ADVOCATES
- CONSUMER SELF HELP
- SUICIDE
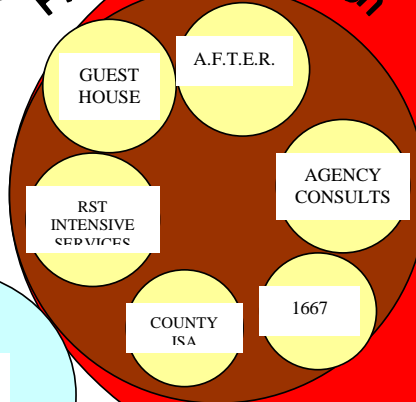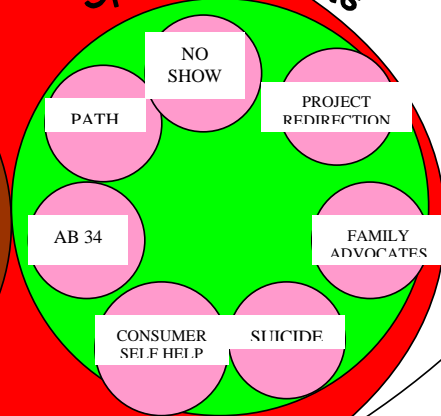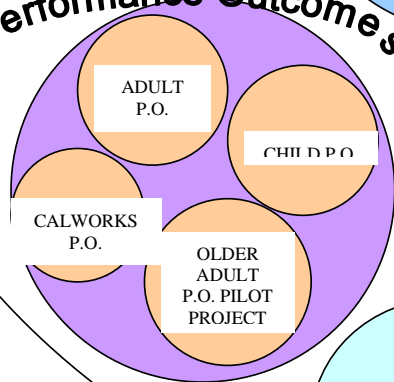
Sacramento's Phases of Implementation

- January 1997 - Children's Performance Outcomes

- October 1998 - Adult Performance Outcomes

- July 1999 - Older Adult Performance Outcome Pilot Project

Sacramento's Children's System of Care

- Serves over 5300 clients

- 2 Wraparound Programs

- 2 Intensive Services/Whatever It Takes Programs

- 7 Outpatient Clinics

- 2 Clinics Specializing in Sexual Abuse and Homelessness

PROGRAM DISTRIBUTION

- SEXUAL ABUSE COUNS. 6%
- PROB. AFTERCARE 2%
- YOUTH INTRV. PGM (PRE-PROB) 1%
- TRANS.-AGED PGM 1%
- SCHOOL-BASED OP 5%
- GROUP HOME 1%
- PRE-SCHOOL 1%
- WRAPAROUND 1%
- WIT 5%
- CRISIS FOSTER 0%
- DROP-IN 1%
- AFTER SCHOOL 3%
- BRIDGES 5%
- HOMELESS PGM 3%
- INTER-AGENCY PGM 1%
- CPS/EPSDT 21%
- HOME VISITATION 3%
- OUTPATIENT 40%
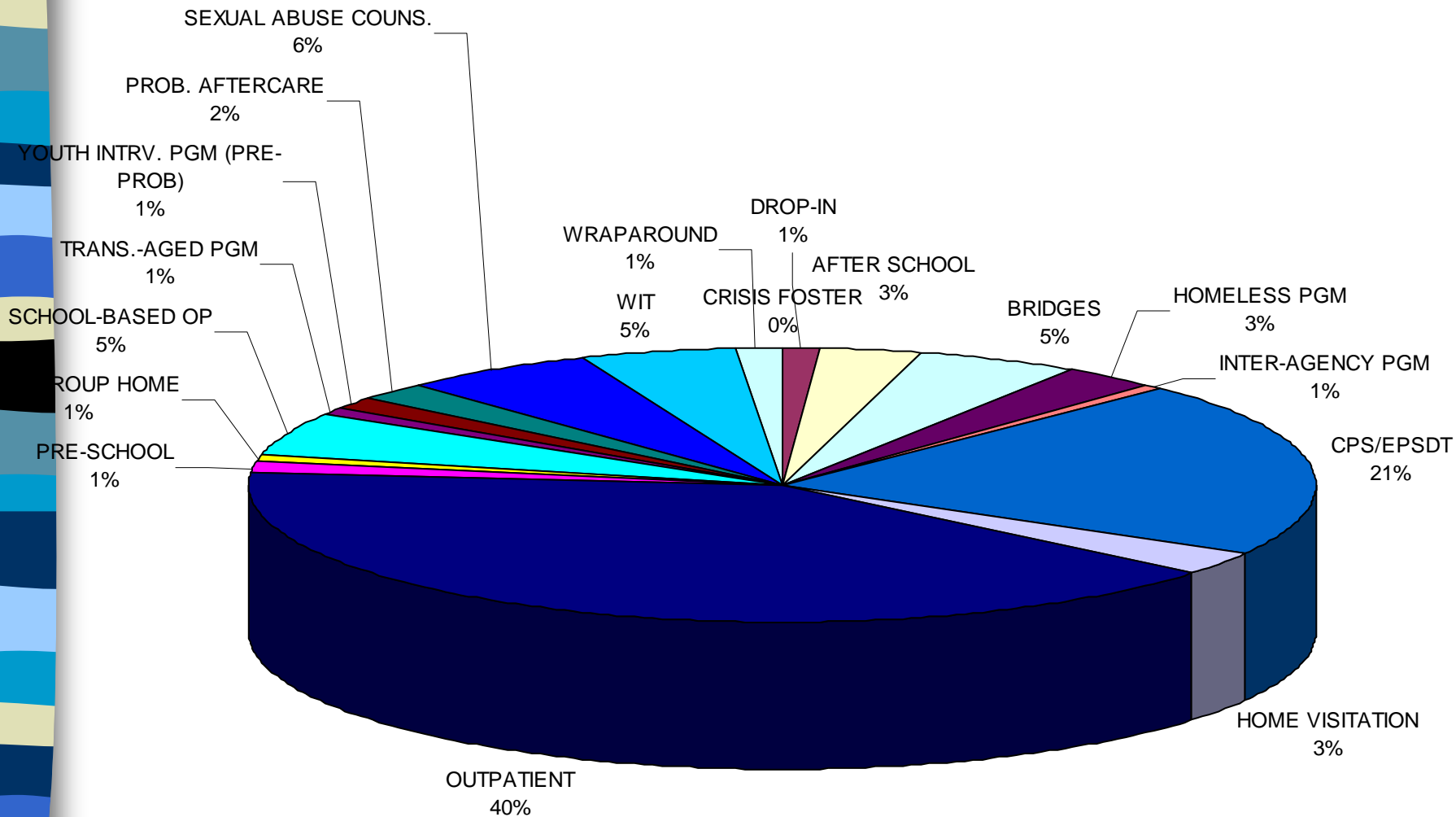
Child and Youth Performance Outcomes

- Implemented January 1997

- Over 10,000 Packets Received

Pros and Cons

Challenges

- Time
- Attrition
- Satisfaction survey logistics
- PO turn around time

Benefits

- Feedback provided
- Client, Caregiver, and Clinician Perspectives
- Data available for agency QI
- Data available to Division for planning, decision support and evaluation

How the County and Others Have Used the Data

- Satisfaction Survey Results to Improve Cultural Competence and Services
- Changes Over Time
- Pilot Projects
- Clinical-level risk factors

Cultural Competence Surveys

Agency Self-Assessment

- Surveys sent out to agency/county staff to capture their perceptions about agency's and staff cultural competence strengths and needs

- Rated by clerical support, service delivery and supervisory staff (>800 people)

- Designed to assist agency in identifying strengths and weaknesses in its response to a culturally diverse staff and consumer population

- Formulate goals for management/service delivery changes to progress toward the objective of cultural competence

Agency Self-Assessment

- Consumer-Related Services and Staff Training
  - **Three lowest ranking items**
    - staff is trained in the use of interpreters
    - interpreters are trained on basic skills and knowledge about mental health issues
    - there is a documented policy/practice to follow when the agency is not proficient in a client's language or culture

What to do with the results?

- Training, training, and more training!
- Training is one of the top priorities of implementation of the Cultural Competence Plan
- Impetus to develop needed P & P's

Satisfaction Surveys

Client Satisfaction with Children's Access Team
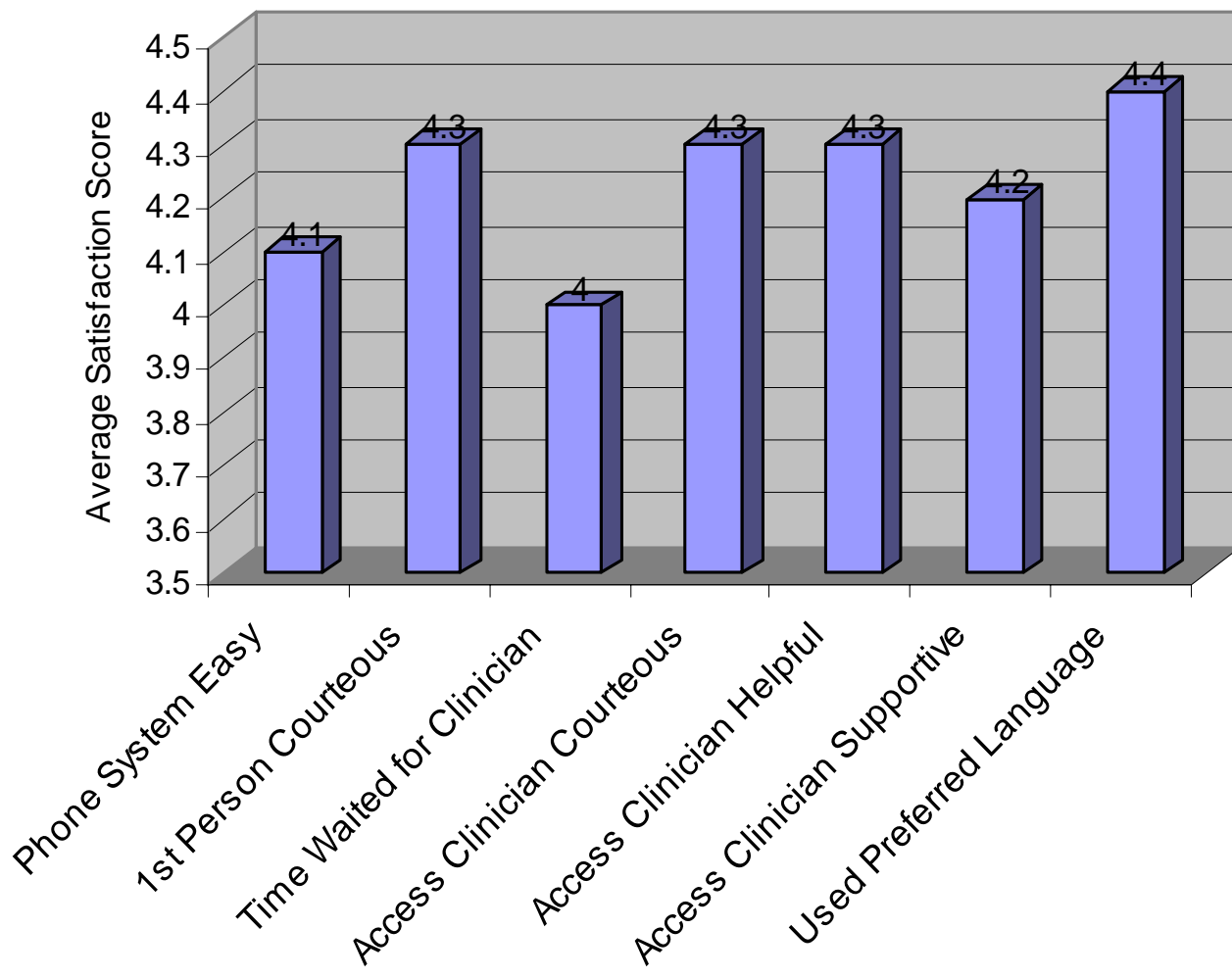
Average Satisfaction Score

Category	Score
Phone System Easy	4.1
1st Person Courteous	4.3
Time Waited for Clinician	4
Access Clinician Courteous	4.3
Access Clinician Helpful	4.3
Access Clinician Supportive	4.2
Used Preferred Language	4.4

Satisfaction Depends on Length of Time Before Clinician Contact

Average Satisfaction

| Access Clinician Courteous | Access Clinician Helpful | Access Clinician Supportive |

- < 1 hour: 4.7, 4.6, 4.6
- > 1 hour & < 1 day: 3.7, 4, 3.5
- > 1 day: 3.9, 3.9, 3.8
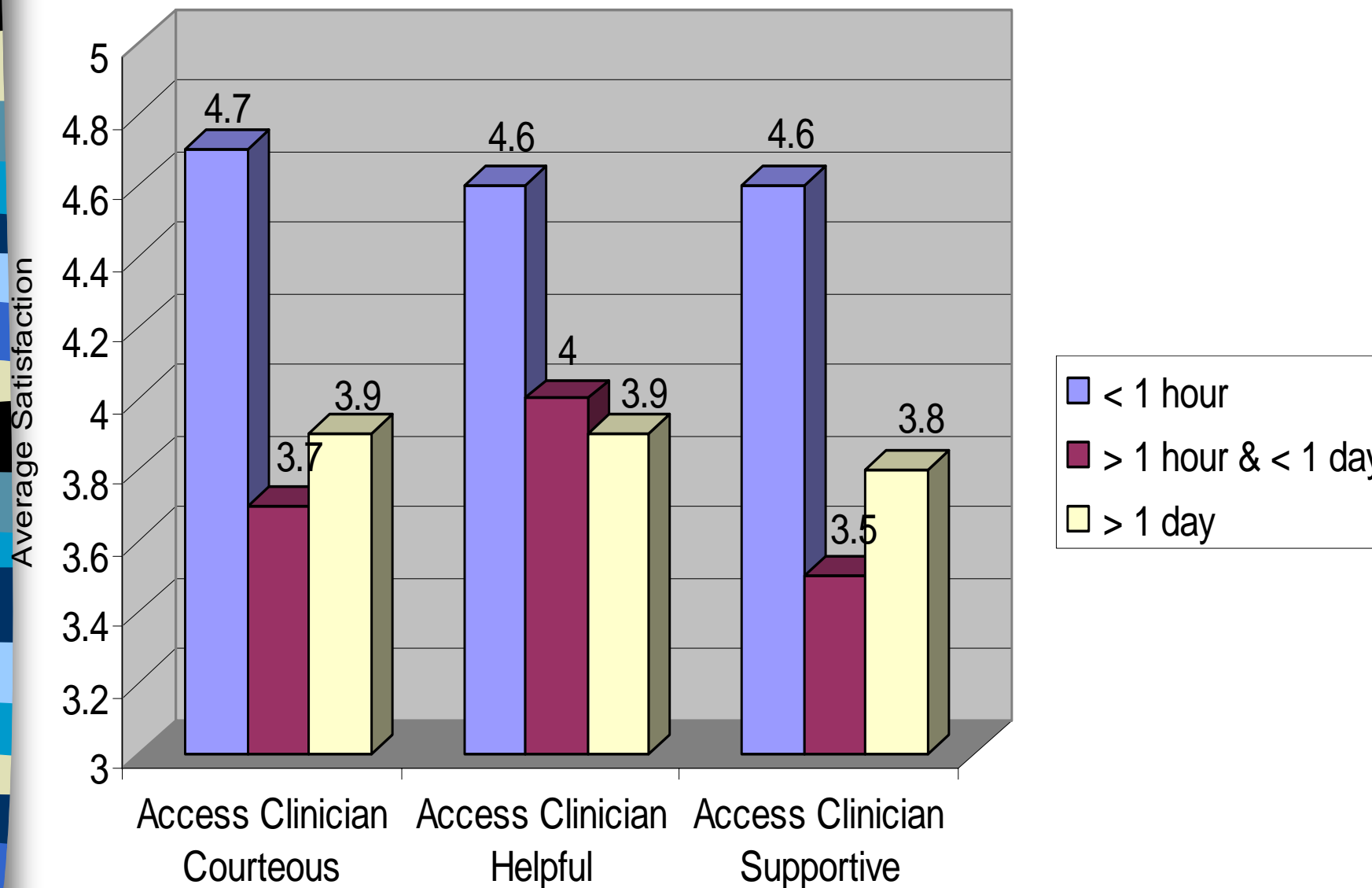
Satisfaction Depends on Length of Time Before Clinician Contact
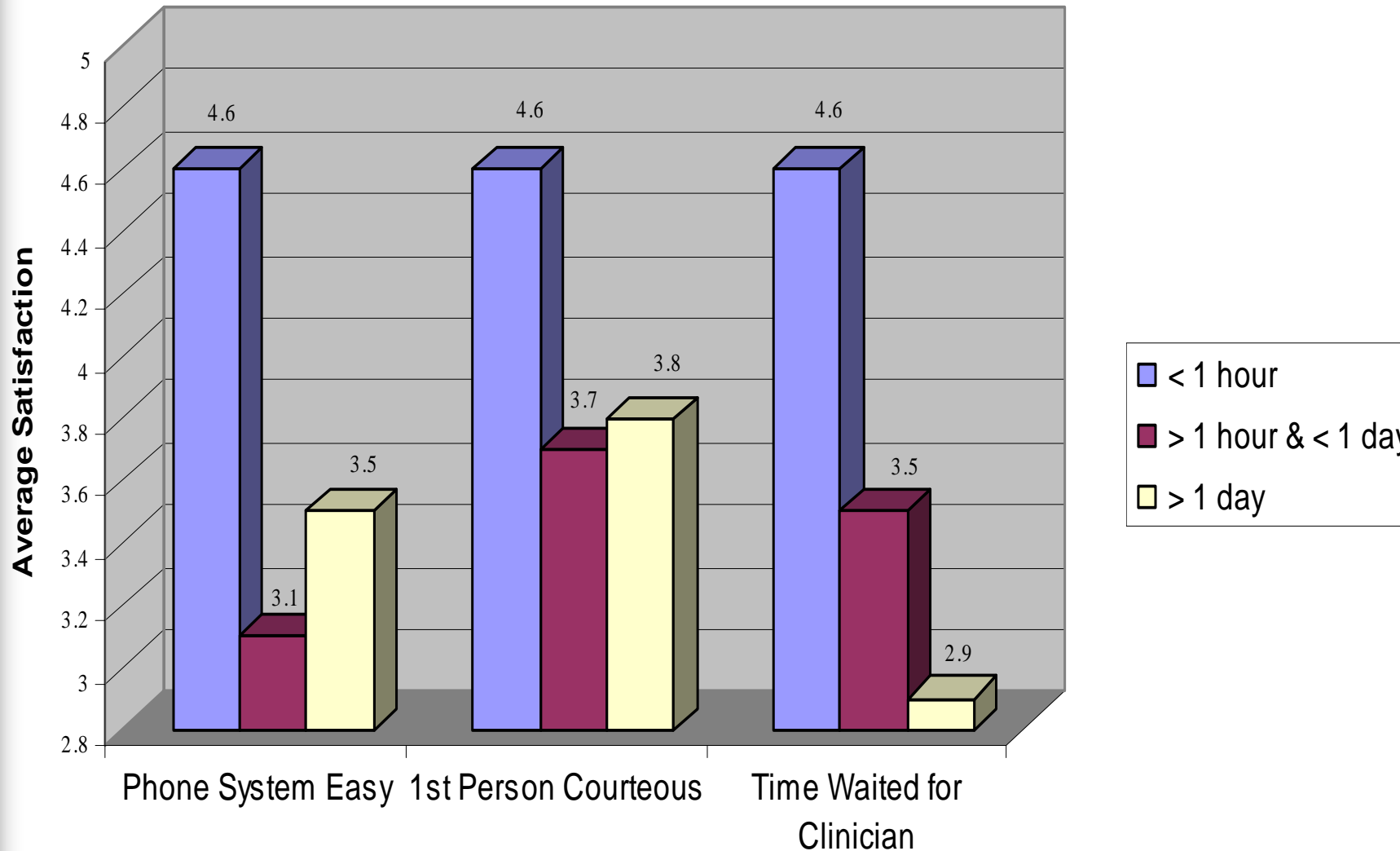
Next Steps:

- Revisit program structure and staffing
- Catalyst to examine current practices in intake procedures

Changes Over Time

Changes in CAFAS Total Score Depends on Diagnosis

Average CAFAS Score

Diagnosis	Initial Assessment	Most Recent Assessment
Disruptive Behavior	56	50
Adjustment Disorder	38	26
Anxiety Disorder	54	45
Attention Deficit	55	53
Depressive	59	49
Other	62	53
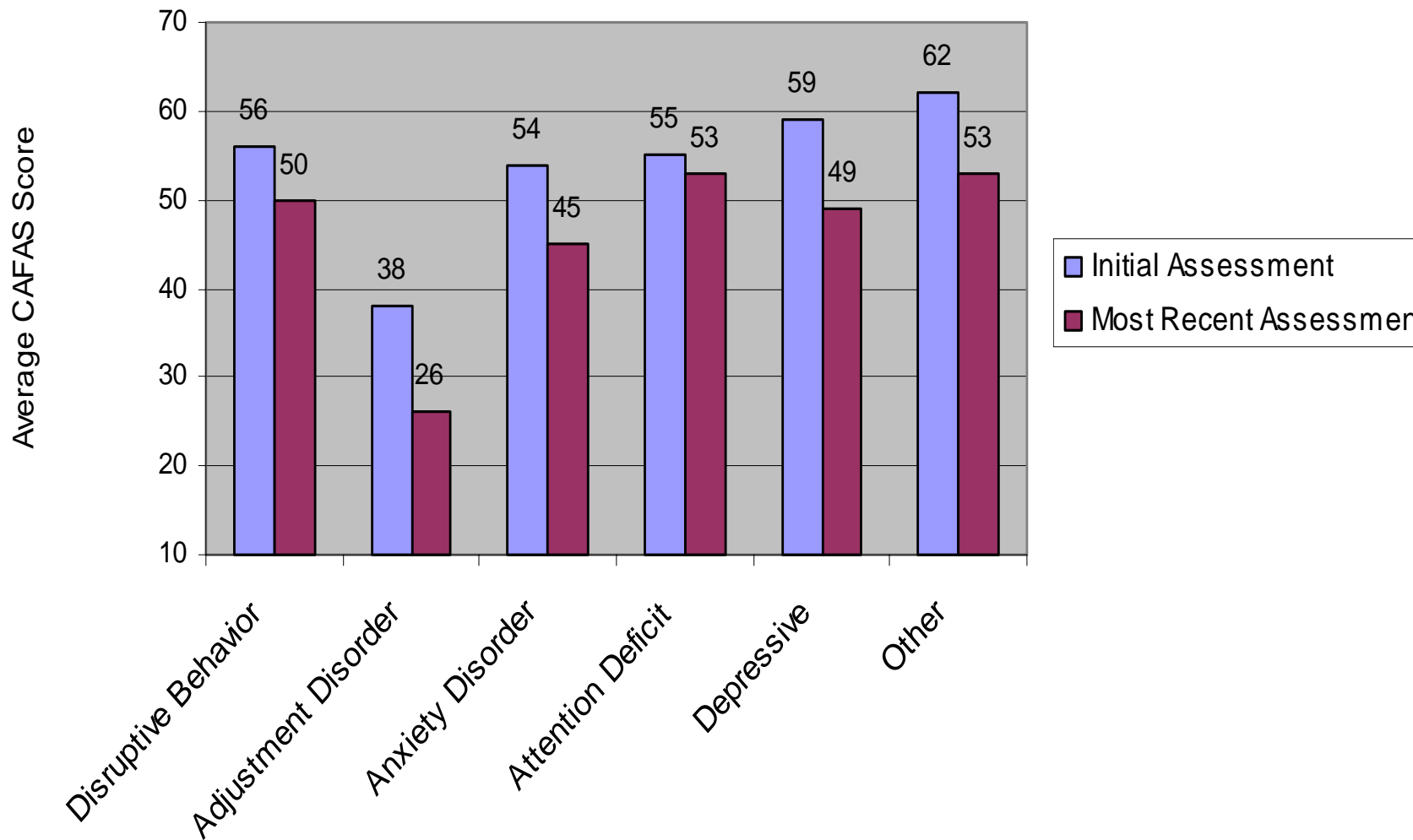
CBCL Problem Scores Decrease Over Time

Average T Score

Category	Initial Assessment	Most Recent Assessment
Withdrawal	63.8	61.7
Somatization	60.0	58.8
Anx/Depression	64.8	62.8
Social Problems	64.8	64.9
Thought	64.3	63.2
Attention	67.4	65.9
Delinquent	66.8	65.3
Aggression	69.7	67.3
Internalizing	64.1	61.4
Externalizing	68.0	65.7
Total Problems	68.7	65.9

Legend: Initial Assessment, Most Recent Assessme
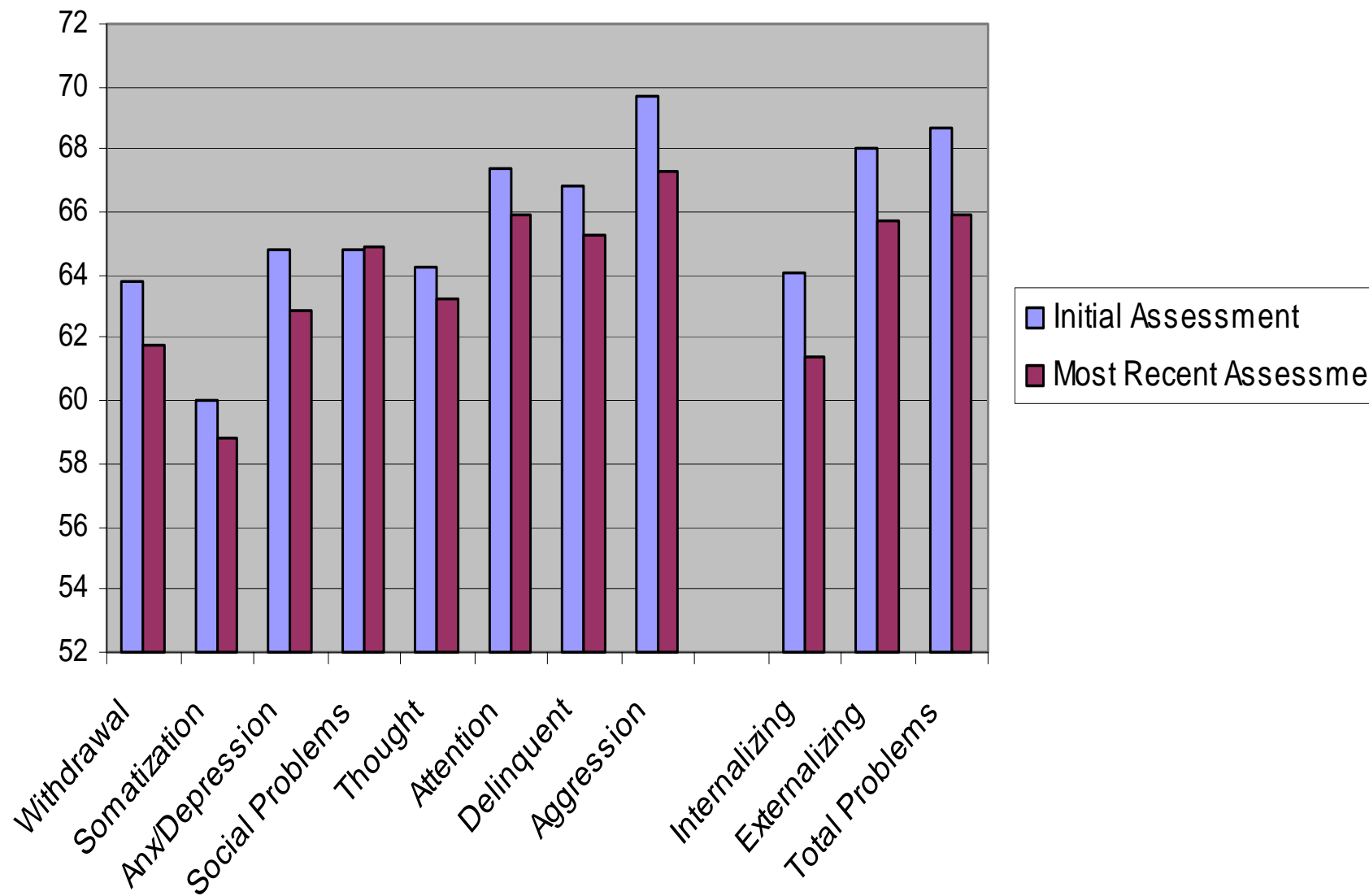
YSR Problems Scores Decrease Over Time

Average T Score

Category	Initial Assessment	Most Recent Assessment
Withdrawal	57.0	55.6
Somatization	58.8	57.3
Anx/Depression	58.9	56.9
Social Problems	59.4	57.8
Thought	57.8	56.5
Attention	59.1	57.2
Delinquent	61.2	60.1
Aggression	60.2	58.8
Internalizing	57.1	53.9
Externalizing	59.8	57.9
Total Problems	59.5	56.4

Legend:
- Initial Assessment
- Most Recent Assessment
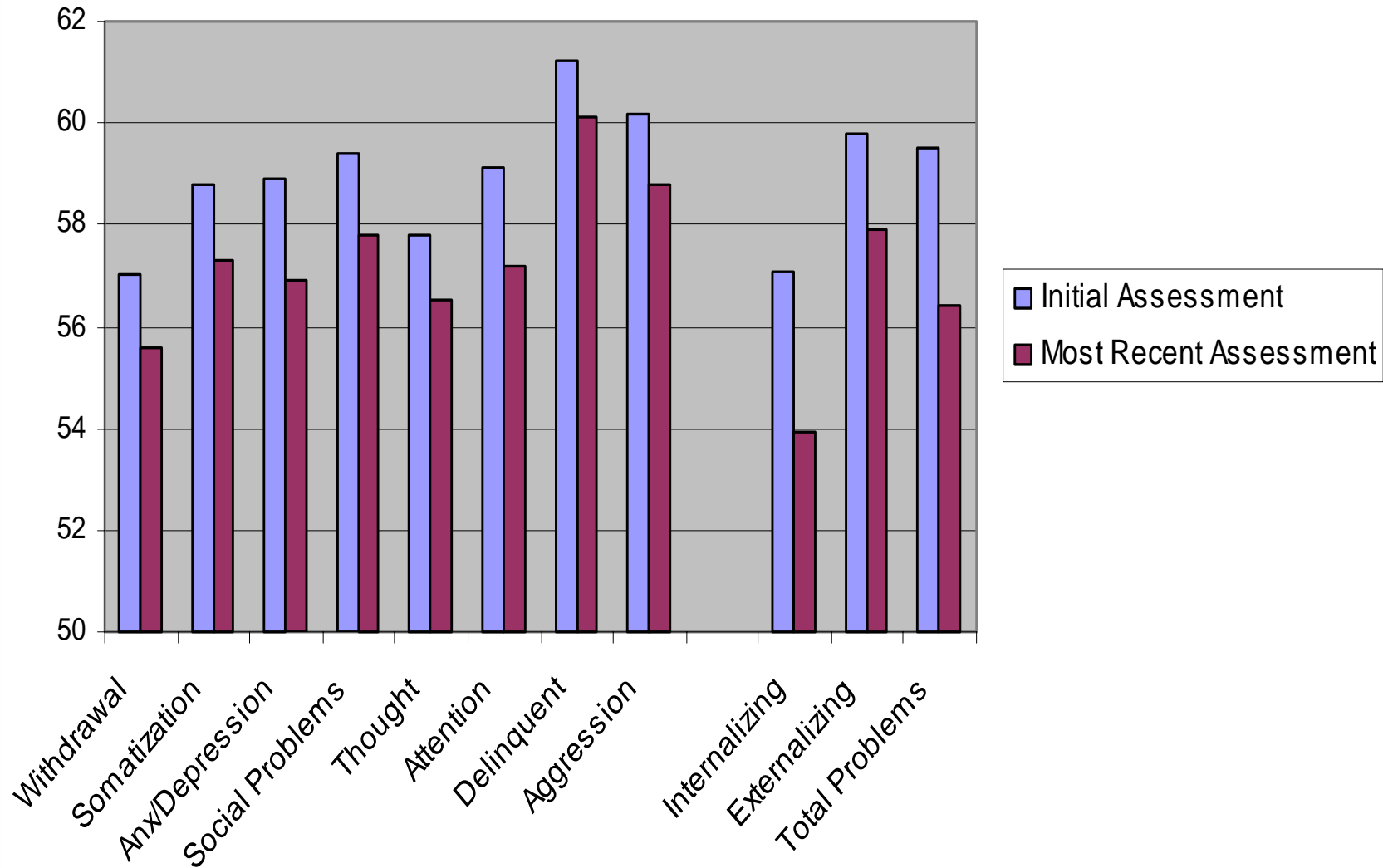
Changes Over Time:

- How do results from Performance Outcome instruments fit in to an evaluation of our mental health system?
- Need to measure different elements of the system (high costs, risk factors, service usage elsewhere, stabilization)
- Need for more relevant data

Pilot Project Using Outcomes

A.F.T.E.R. Pilot Project

- Community-based program providing mental health services that specializes in treatment for victims and perpetrators of sexual abuse

- Approached QM to further investigate how Performance Outcomes could be used

Pilot Project

- Interested in how clinical judgement may interact to impact service utilization and outcomes

- A.F.T.E.R. staff worked in partnership with QM to create instruments that measure specified areas of interest

Pilot Project

- Domains of interest include client history (risk factors), clinical impression of client and family, assessment of potential for client to engage in high risk behaviors, and presenting problems.

- Also investigated were client baseline symptoms and functioning, history of crisis visits and hospitalizations, and out of home placements

Pilot Project: Next Steps

- High user potential but not in hospitalization and crisis visits

- Next look at high utilization in outpatient costs- crisis intervention etc.

- Clinical impression scale relation to symptoms scores on YSR and CBCL

- May be indicative of the need for different types of service

Clinical-level Uses of the Data

Item level and Subscale Scores

- Clinicians and Services Coordinators are trained for 'red flags' on CBCL/YSR
- MH courtesy calls to individual clinicians as a cross-check for
  - YSR Self-Destructive/Identity Problem Subscale T Scores in clinical range
  - Both CBCL/YSR answer to #91 "Think/Talk about Suicide" is 'Quite Often'

Other Uses of the Data

- Incorporated into 1667 Review
- State Department of Mental Health on-site review of Managed Care Implementation
- Mental Health Board Reports

Continued Efforts in Using the Data

■ Change Over Time data incorporated into Program Evaluation

■ Service Utilization & Cost

– Identifying sub-groups of clients

– Service patterns

– Efficacy

– High cost clients

– 'Hard data' to support agency consults

Re-Examining the Current System

Survey on the Existing Children's Performance Outcome System:
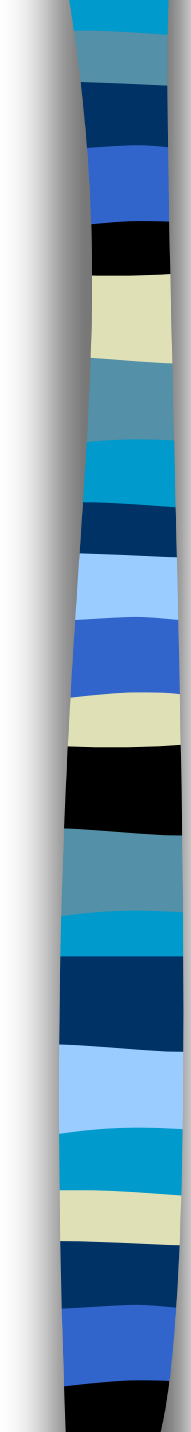## What do stakeholders think?

- A change is needed!
- Clinicians **do** want useful data
- Shorter and easier to administer instruments
- Keep the emphasis on multiple informants
- Culturally neutral (from a psychometric perspective)

Issues and Problems That Have Been Identified With Using the Current Methodology
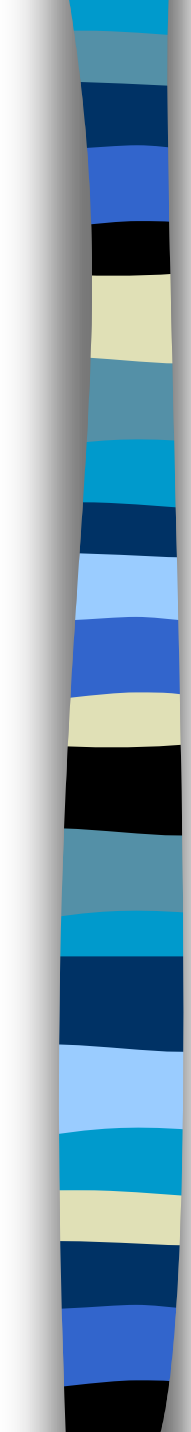
- Logistical Problems

- Data Quality

- Issues Related to Data Interpretation

Issues and Problems That Have Been Identified With Using the Current Methodology (cont'd.)
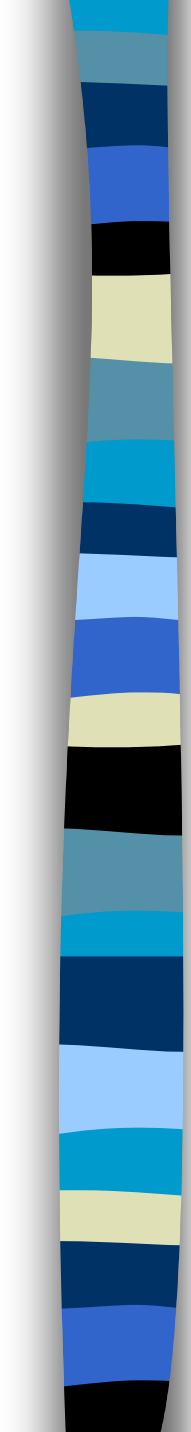
- **Logistical Problems**
  - Cost of collecting data on all clients
  - Difficulty tracking clients
  - Developing and maintaining information systems dedicated to performance outcomes
  - Clinician resistance/non-compliance (too time consuming on an ongoing basis)

Issues and Problems That Have Been Identified With Using the Current Methodology (cont'd.)

- **Data Quality**
  - Very difficult to track which episode a client's data refers to
  - Tremendous amount of missing data--especially for annual and discharge instrument administrations
  - Target population coverage and missing data is not consistent across counties
  - Differential time periods between administrations

Issues and Problems That Have Been Identified With Using the Current Methodology (cont'd.)

- **Issues Related To Interpretation**
  - Lack of adequate information on:
    - descriptive variables
    - risk factors
    - program components
    - medications
- **An example of trying to reduce redundant data collection that backfired!**
  - Lack of timeliness of supplementary data
  - Important variables not collected

What's Needed to Make the System Truly Useful?

- More information about risk factors
- More information about specific services received
- Shorter and easier to administer instruments that facilitate valid data and reduce clinician/clerical time
- Less expensive instruments (preferably free!)
- A less complex system that will be more stable, easier to administer, and provide more useful data
- Greater emphasis on multi-agency data

Performance Outcomes:
An Evolutionary Process

- The state-of-the-art is really bad

- Waiting for a perfect system is a sure way to do nothing - mistakes are part of the learning process

- We need to design systems that make progress toward measuring outcomes in a valid manner while minimizing unnecessary burdens & interruptions to the service provision process

The Task Force For Selecting New Children's Instruments Addresses These Issues & Problems

- **Different Instruments**
  - OHIO Scales
  - Functional Behavior Inventory
  - Youth Services Survey for Families (YSS-F)
  - Revised Client Living Environment Profile (CLEP)
  - Risk Factor Sheet

Task Force For Selecting New Children's Instruments (cont'd.)

■ Addressing Methodological Issues
  – Cross-Sectional
  – Longitudinal
  – Hybrid
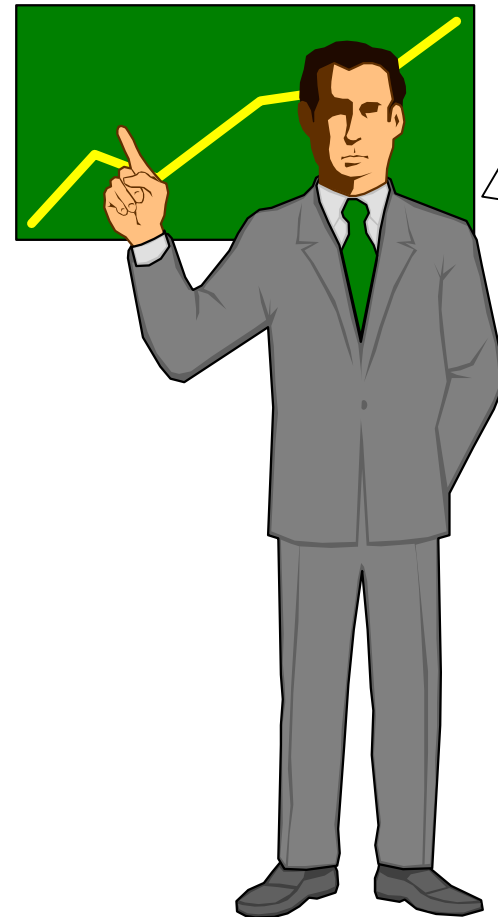
Here we see the projections for future outcome use!

Jim Higgins does outcomes…and you can, too!

The Children's Performance Outcome System… *The Future*

Pilot Study
  – Targeted for late 2000

California counties will be asked to participate in a small pilot study

I see outcomes in your future!

DMH Contacts...

- Jim Higgins (916) 654-0471
  - Manager of Research and Performance Outcomes
  - Jhiggins@dmhhq.state.ca.us

Children's Program:

- Sherrie Sala-Moore (916) 654-0984
  - Ssalamoo@dmhhq.state.ca.us
- Brenda Golladay (916) 654-3291
  - Bgollada@dmhhq.state.ca.us
- *Our Web Page*
  - www.dmh.cahwnet.gov/rpod/default.htm